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MAR 07 2005

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32588 7590 12/03/2004

APPLIED MATERIALS, INC.
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SANTA CLARA, CA 95050

03/08/2005 MMEKONE1 00000108 501074 09892130

01 FC:1501 1400.00 DA
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<i>Jo Cottren</i>	(Depositor's name)
<i>Jo Cottren</i>	(Signature)
3-2-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/892,130	06/25/2001	Steven Verhaverbeke	004733	1957

TITLE OF INVENTION: ASSISTED RINSING IN A SINGLE WAFER CLEANING PROCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	03/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARKOFF, ALEXANDER	1746	134-001300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Blakely Sokoloff Taylor & Zafman

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Applied Materials, Inc.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 2

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert W. Mulcahy

Date

03/02/05

Typed or printed name

Robert W. Mulcahy

Registration No.

25,436

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